

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No.	M419.12-0021
First Inventor or Application Identifier	Benjamin Y.H. Liu et al.
Title	METHOD AND APPARATUS FOR CASCADE IMPACTOR TESTING OF INHALABLE DRUG THERAPIES RECOVERY FOR CHEMICAL ANALYSIS
Express Mail Label No.	EL636050141US

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents

Address To: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ *Fee Transmittal Form e.g., PTO/SB17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Sheets **52**]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets **23**]
4. Oath or Declaration [Total Sheets **3**]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (Identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
9. ☐ English Translation Document
10. ☐ Information Disclosure Statement (IDS/PTO – PTO) ☐ Copies of IDS
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
13. ☐ *Small Entity ☐ Statement filed in prior application. Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Other:

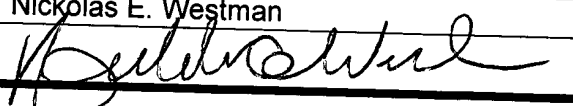
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation –in part (CIP) of prior application No: _____
Prior application information: Examiner _____ Group/Art Unit: _____
FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name	Nickolas E. Westman				
	WESTMAN CHAMPLIN & KELLY				
Address	Suite 1600 – International Centre				
	900 South Second Avenue				
City	Minneapolis	State	MN	Zip Code	55402-3319
Country	USA	Telephone	(612) 334-3222	Fax	(612) 334-3312

Name (Print/type)	Nickolas E. Westman	Registration No. (Attorney/Agent)	20,147
Signature		Date	10/5/00

FEE TRANSMITTAL

Complete if Known

Application No.

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

Atty. Docket Number

Herewith

Benjamin Y.H. Liu

METHOD AND APPARATUS FOR
CASCADE IMPACTOR TESTING OF
INHALABLE DRUG THERAPIES
RECOVERY FOR CHEMICAL ANALYSIS

Total Amount of Payment \$ 721

M419.12-0021

METHOD OF PAYMENT (Check One)

1. ☒ The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123.
Westman, Champlin & Kelly, P.A.

2. ☒ Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee	Small Entity Fee	Large Entity Fee	Small Entity Fee	Fee Description
Code	(\$)	Code	(\$)	
101	710	201	355	<input checked="" type="checkbox"/> Utility Filing Fee
106	320	206	160	<input type="checkbox"/> Design Filing Fee
108	710	208	355	<input type="checkbox"/> Reissue Filing Fee
114	150	214	75	<input type="checkbox"/> Prov. Filing Fee

Subtotal (1) \$ 355

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	34	20	14	9	126
Indep.	8	3	5	40	200

Multiple Dependent Claims

** Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity Fee	Small Entity Fee	Large Entity Fee	Small Entity Fee	Description
Code	(\$)	Code	(\$)	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple Dependent Claims
109	80	209	40	Reissue Independent Claims over Original Patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

Subtotal (2) \$ 328

FEE CALCULATION (Continued)

3. ADDITIONAL FEES

Large Entity Fee	Small Entity Fee	Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
105	130	205	65	Surcharge - Late filing fee or oath	
127	50	227	25	Surcharge - Late provisional Filing Fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For Filing a Request for Reexamination	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	280	945	Extension for reply within fifth month	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
148	110	248	55	Terminal Disclaimer Fee	
140	110	240	55	Petition to Revive - unavoidable	
141	1,240	241	620	Petition to Revive - unintentional	
142	1,270	242	650	Utility/Reissue issue fee (inc. advance copies)	
143	470	243	250	Design issue fee (inc. advance copies)	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40

Other Fee (specify) _____

Subtotal (3) \$40

Signature

(Nicholas E. Westman)

Reg. No. 20,147

Date

Deposit Account No. 23-1123

**STATEMENT CLAIMING
SMALL ENTITY STATUS
(SMALL BUSINESS CONCERN)**

Attorney Docket No.

M419.12-0021

First Named
Inventor : Benjamin Y.H. Liu

Title : METHOD AND APPARATUS FOR CASCADE IMPACTOR TESTING OF
INHALABLE DRUG THERAPIES RECOVERY FOR CHEMICAL ANALYSIS

With respect to the invention described in

X the application filed herewith:

___ Application No. , filed :

___ Patent No. ___, issued ___:

I. IDENTIFICATION OF DECLARANT AND ANY RIGHTS AS A SMALL ENTITY

I am:

___ the owner of the small business concern identified below:

X an official of the small business concern empowered to act on
behalf of the concern identified below:

NAME OF CONCERN MSP Corporation

ADDRESS OF CONCERN 1313 Fifth Street S.E.
Minneapolis, MN 55414

The above-identified small business concern qualifies as a small business concern as defined in 13 C.F.R. § 121.12, and reproduced in 37 C.F.R. § 1.9(d), for purposes of paying reduced fees under 35 U.S.C. §§ 41(a) and (b).

II. OWNERSHIP OF INVENTION BY DECLARANT

Rights under contract or law remain with or have been conveyed to the above-identified concern. If the rights held are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person who could not be classified as (1) an independent inventor under 37 C.F.R. § 1.9(c) if that person had made the invention, (2) a small business concern under 37 C.F.R. § 1.9(d) or (3) a non-profit organization under 37 C.F.R. § 1.9(e).

___ There is no such person, concern, or organization.

___ The person, concerns or organizations are listed below:

FULL NAME _____

ADDRESS _____

- [] Individual
- [] Small Business Concern
- [] Non-Profit Organization

III. ACKNOWLEDGEMENT OF DUTY TO NOTIFY PTO OF STATUS CHANGE

I acknowledge the duty to file, in this application or patent, notification of any change resulting in loss of entitlement to small entity status pursuant to 37 C.F.R. § 1.28(b).

IV. SIGNATURES

SIGNATURE B Y H Liu Date: 10/5/00
NAME OF PERSON SIGNING Benjamin Y.H. Liu
TITLE OF PERSON President
ADDRESS OF PERSON SIGNING 1313 Fifth Street S.E., Minneapolis, MN 55414

005001 : 92092900